

CATHOLICCARE TASMANIA VOLUNTEERING PROGRAM

EXPRESSION OF INTEREST

| Personal Details | | | |
|---|--|----------|--|
| First Name | | | |
| Last Name | | | |
| D.O.B | | | |
| Address | | Suburb | |
| State | | Postcode | |
| Contact Number | | | |
| Email | | | |
| Preferred method of contact | <input type="checkbox"/> Mobile <input type="checkbox"/> Email | | |
| Languages (spoken/understood) | | | |
| WWVP card number | | | |
| WWVP Expiry date | | | |
| Application Information | | | |
| How did you first hear about this volunteering opportunity? | | | |
| Which CatholicCare volunteering opportunity are you applying for? | | | |
| Reason for applying | | | |

Your experience and interests

- | | | |
|--|---|--|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Community Welfare | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Sales/Marketing | <input type="checkbox"/> Administration | <input type="checkbox"/> Customer Service |
| <input type="checkbox"/> Gardening | <input type="checkbox"/> Training/Coaching | <input type="checkbox"/> Case Work Support |
| <input type="checkbox"/> Computer Education | <input type="checkbox"/> Graphic Design | <input type="checkbox"/> Youth Support |
| <input type="checkbox"/> Counselling Support | <input type="checkbox"/> Communication | <input type="checkbox"/> Data Entry |
| <input type="checkbox"/> Outdoor Activities | <input type="checkbox"/> Event Organisation | <input type="checkbox"/> Pastoral Care |
| <input type="checkbox"/> Reception | <input type="checkbox"/> Maintenance | |

☐ Other (please specify)

Microsoft Office Suite (if applicable)

| | Basic | Intermediate | Advanced | Comments |
|----------------------|--------------------------|--------------------------|--------------------------|----------|
| Microsoft Word | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Microsoft Excel | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Microsoft Outlook | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Microsoft Powerpoint | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

Your Availability

| | All Day | Mornings | Afternoon | Evening | As Required | Specific Times |
|------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|----------------|
| Monday | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Tuesday | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Wednesday | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Thursday | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Friday | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Saturday | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Sunday | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

| Check List | |
|----------------------------|--|
| Current resume/CV attached | |
| Referee's provided | |

Thank you for your application. We will contact you as soon as possible to discuss volunteering for CatholicCare Tasmania. If you have any questions please contact CatholicCare's Volunteer Coordinator on 0413 474 632.

